

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

#62-021930

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

38

Primary Registration District No.

3006

Registrar's No.

351

FILED JUN 25 1962

VS 300
Rev. 4/59

10109

28040

3

4 0

5 1

6

7 0

8 2

9 X

10

11 118

12 1-0

13 3-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH

a. COUNTY

Boone

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR
TOWN

Columbia

Length of stay in 1b

2 hrs.

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR
INSTITUTION

B. County Hospital

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Calif.

b. COUNTY

Contra Costa

c. CITY

OR
TOWN

Martinez

Inside Limits

Yes ☒ No ☐

d. STREET

(If outside, give location)

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

BRECK M. HARRISON

4. DATE

OF
DEATH

Month

Day

Year

6

21

1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒Never Married ☐Widowed ☐Divorced ☐

8. DATE OF BIRTH

2/17/1905

9. AGE (last birthday)

57

IF UNDER 1 YEAR

IF UNDER 24 HR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Printer

10b. KIND OF BUSINESS OR INDUSTRY

Self employed

11. BIRTHPLACE (City and state or country)

St. Louis, Mo.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

William E. Harrison

13b. MOTHER'S MAIDEN NAME

Anna Collard

14. NAME OF HUSBAND OR WIFE,

Hazel Harrison

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Columbia, Mo.

Boone County Hospital Records

18. CAUSE OF DEATH (Enter only one cause per line
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Multiple extreme injuries of
chest, arms and left legINTERVAL BETWEEN
ONSET AND DEATH

2 hrs.

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

One-car accident - ran off road
and overturned Highway 70 within
city limits.20c. TIME OF
INJURY
Hour
a.m.
p.m.

11:20 6-20-62

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☒20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

Columbia

Boone

Mo.

21. I attended the deceased from

Coroner's Case

and last saw her
him alive on

Death occurred at

1:17 A.

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

Degree or title

22b. ADDRESS

22c. DATE SIGNED

Richard E. Johnson, M.D.

Columbia, Mo.

6-21-62

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Burial

23b. DATE

6/23, 1962

23c. NAME OF CEMETERY OR CREMATORY

ADDRESS

Mt. Labanon Cemetery

23d. LOCATION (City, town, or county)

St. Louis

(State)

Mo.

24. FUNERAL DIRECTOR

Lyman Sprinkle Columbia, Mo.

25. DATE RECD. BY LOCAL REG.

June 21 1962

26. REGISTRAR'S SIGNATURE

Mrs. R.E. Palmer

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

JUN 26 1962

JUN 28 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Richard A. Reeves

Licensed Embalmer No. 5109

P. O. Address Columbia, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above: